



Harford County Department of Parks and Recreation

## DUBLIN DARLINGTON LACROSSE

### 2016 Registration Form



**“Clinic 4-5, Boys 6-8, 9-10, 11-12, 13-14 Teams”**

**Please register and pay securely online at [www.ddlax.com](http://www.ddlax.com) (preferred method) or mail in registration form along with your payment to:**

**DDLAX  
1111 Thompson Way  
Street, MD 21154**

The deadline for receipt of registration is **January 1, 2016**. A **\$25.00 late fee** will be charged **per player** for any application received after 1/1/16. Registrations received after the due date will be placed on a waiting list and notified if/when spaces become available. You will be contacted by the end of February by your coach regarding team assignment and practice schedules. Any special requests must be submitted on this form. **NO EXCEPTIONS AFTER FINAL REGISTRATION! (Please submit a separate registration form for each child)**

**Please make checks payable to: Dublin Darlington Lacrosse**

**In person registration will be held at the Dublin VFW**

AGE GROUP CUTOFF DATES	PRICE	BOYS
Clinic 4 to 5 years old	\$25.00	
Boys 7/8 (1 <sup>st</sup> thru 3 <sup>rd</sup> grade)	\$115.00	
Boys 9/10 (4 <sup>th</sup> & 5 <sup>th</sup> grade)	\$115.00	
Boys 11/12 (6 <sup>th</sup> & 7 <sup>th</sup> grade)	\$120.00	
Boys 13/14 (8 <sup>th</sup> & 9 <sup>th</sup> grade)	\$120.00	

\*\*\*Family Maximum is \$240.00\*\*\*

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age on 8/31/15: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Please list any special consideration or medical problems:

**I would like to volunteer to: \_\_\_\_\_ Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Assist with Fundraising**

(Head coaches, your registration fee is waived for only the child you coach, not your rental equipment fee.)

**[www.ddlax.com](http://www.ddlax.com)**

Please circle your child's shirt size (required for everyone except clinic):

YXS (4-5)    YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL    AXL

Please circle your child's short size (required for everyone except clinic):

YXS (4-5)    YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL    AXL

You will receive information via email about boys equipment rental dates and times.

**Note:** From time to time we will take pictures during games and practices. We would like your permission to use these pictures on our website. We will never reference your child by name or provide any specific information regarding your child. We also would never sell these pictures; we will use them exclusively for DDLax purposes. Please take a moment to let us know your preferences regarding our use of photos of your children:

\_\_\_\_\_ YES. I grant you permission to use photos of my child on the DDLax website.

\_\_\_\_\_ No. Please do NOT take or use any photos of my child.

---

Parent's/Guardian's Signature

Date

By my signature below, I hereby permit my child to play for Dublin Darlington Lacrosse. I will not hold the officers of Dublin Darlington Recreation Committee or Dublin Darlington Lacrosse coaches responsible for any injuries sustained by my child while participating in the program, including transportation to and from scheduled skills days. I also understand that Dublin Darlington Lacrosse does not offer medical insurance and that I am liable for the costs of any medical services required as the result of any injury sustained by my child during participation in this program. I also certify by my signature that my child is physically fit to participate in this program. I, and anyone attending an event with me will abide by the Harford County **no tolerance rule**. My child's birth date above is accurate. **Registration fees are non-refundable.**

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Parent's/Guardian's Signature

Date

**I would like to sponsor, or know someone who would like to sponsor a team (\$150.00). (Business, Individual, etc.)**  
**Sponsor Name:** \_\_\_\_\_

The sale or use of tobacco in any form is prohibited in school buildings and on school grounds. Failure to comply with this request will subject the individual and or group to revocation of their opportunity and or permit to use said facility. The Department of Parks & Recreation encourages the participation of individuals with disabilities. If accommodations are needed you may contact the Havre de Grace Activity Center 410-939-6724 or Maryland Relay at "711." Please give two weeks notice. This document is available in an alternate format upon request.

**Disclaimer:** Harford County Public Schools is not sponsoring, endorsing or recommending the activities announced in this flyer/material.

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**2016 Registration Form**



**“Clinic 4-5, Girls 6-8, 9-10, 11-12, 13-17 Teams”**

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<b>AGE GROUP CUTOFF DATES</b>	<b>PRICE</b>	<b>GIRLS</b>
Clinic 4 to 5 years old	\$25.00	
Girls 7/8 (1 <sup>st</sup> thru 3 <sup>rd</sup> grade)	\$115.00	
Girls 9/10 (4 <sup>th</sup> & 5 <sup>th</sup> grade)	\$115.00	
Girls 11/12 (6 <sup>th</sup> & 7 <sup>th</sup> grade)	\$115.00	
Girls 13/14 (8 <sup>th</sup> - 12 <sup>th</sup> grade)	\$115.00	

\*\*\*Family Maximum is \$240.00\*\*\*

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age on 8/31/15: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Please list any special consideration or medical problems:

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